## **REQUEST FOR MEDIATION**

Instructions: To avoid delay in processing your request, please complete the form neatly, accurately, and completely. The form should be delivered or mailed to:

Family Court Commissioner 510 Main Street P.O. Box 146 Kewaunee, WI 54216

Referred by:	(check one)	Self	Fam	ily Court _		Other		
	ently pending i		ction f	or custody	or ph	nysical	placement	
(	9 -	- ( - )		Yes		No		
Has either pa abuse [§813.		in interspou	ısal ba	ttery [§940	0.19 c	or §940	.20(1m)] or domestic	
Mothe	er: Yes	No		Father:	Yes		No	
Has either pa children and	arent complete providing trair	ed an educat iing in paren	tional p	orogram oi co-parent	n the ting s	effects kills?	of divorce on	
Mothe	er: Yes	No		Father:	Yes		No	
Complainant				Date of E	Birth			
Address				Present Attorney				
City, State, Z	IP Code							
Phone No.:								
Employer:				Work Phone No.:				
Work Hours:								
Other Party				Date of Birth				
Address				Present Attorney				
City, State, Z	IP Code							
Phone No.:								
Employer:				Work Phone No.:				
Work Hours:								
	Minor Child(r	en)		<u>!</u>	Date	of Birth	l.	
			<u></u>					

1.	The minor child(ren) is/are currently in the legal custod	dy of:
2.	What is the current court order for physical placement child(ren):	(visitation) or access to the
3.	When did you last have access to the child(ren):	
4.	Please explain the problem:	
5.	Please describe what you feel would be a solution to t	he problem:
Signat	ture:	Date:

This form will be mailed to the other party, along with a copy of the Order for Mediation.